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12-12-05

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30139 7590 11/28/2005

WILSON & HAM
2530 BERRYESSA ROAD
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SAN JOSE, CA 95132

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MARK A. WILSON	(Depositor's name)
Mark A. Wilson	(Signature)
12-8-2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/056,159	01/24/2002	Douglas Markham Washabaugh	RSTN-015	9478

TITLE OF INVENTION: METHOD AND SYSTEM FOR PROVIDING DIFFERENTIATED SERVICE ON A PER VIRTUAL CIRCUIT BASIS WITHIN A PACKET-BASED SWITCH/ROUTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	No Yes	\$1400 <i>700</i>	\$0	\$1400 <i>700</i>	02/28/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
PHAM, BRENDA H	2664		370-395000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

1 **MARK A. WILSON**

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

RIVERSTONE NETWORKS, INC.**SANTA CLARA, CALIFORNIA**Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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Authorized Signature

Mark A. WilsonDate **12-8-2005**

Typed or printed name

MARK A. WILSONRegistration No. **43,994**

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